

ADOPTION QUESTIONNAIRE I

Instructions: Answer the following questions as they apply to you. Some questions have more than one answer and request you to check all that apply. **Please return this questionnaire within one week.**

Thank You
STATE DEPARTMENT OF SOCIAL SERVICES

COMPLETED BY: _____

DATE: _____

I. EMPLOYMENT

Please list you job experiences for the past ten years. Start with your most recent employment.

PERIOD OF EMPLOYMENT		JOB TITLE	REASON FOR LEAVING
FROM	TO		
/ /	/ /		
/ /	/ /		
/ /	/ /		
/ /	/ /		
/ /	/ /		

In general, whether you work in or outside the home, do you enjoy your work?

☐ Yes ☐ No ☐ Most of the time ☐ Some of the time

Does your employment provide you with a retirement plan?

☐ Yes ☐ No

Have you ever been fired from a job?

☐ Yes ☐ No

If Yes, please describe circumstances: _____

Do you plan any major career changes in the near future?

☐ Yes ☐ No

If Yes, please elaborate: _____

II. PERSONAL HISTORY

Who primarily raised you? *(Check all that apply)*

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Mother and father | <input type="checkbox"/> Father only | <input type="checkbox"/> Mother only | <input type="checkbox"/> Foster parent(s) |
| <input type="checkbox"/> Adoptive parent(s) | <input type="checkbox"/> Institutional caretaker(s) | <input type="checkbox"/> Paternal grandparent(s) | <input type="checkbox"/> Maternal grandparent(s) |
| <input type="checkbox"/> Mother and stepfather | <input type="checkbox"/> Father and stepmother | <input type="checkbox"/> Aunt and/or uncle | <input type="checkbox"/> Older sibling(s) |
| <input type="checkbox"/> Other: _____ | | | |

Did you lose or become separated from a parent(s) during your childhood for any of the following? *(Check all that apply)*

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Parents divorced | <input type="checkbox"/> Parents separated | <input type="checkbox"/> Death of a parent | <input type="checkbox"/> Abandoned by parent |
| <input type="checkbox"/> Parent hospitalized for a long period | <input type="checkbox"/> Parent incarcerated | <input type="checkbox"/> Removed from parents home by police or social services | |
| <input type="checkbox"/> No | <input type="checkbox"/> Other: _____ | | |

How old were you when you moved away from your parent(s) or primary caretaker(s)?

- | | | | |
|---------------------------------------|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Less than 15 | <input type="checkbox"/> 15 to 17 | <input type="checkbox"/> 18 to 20 | <input type="checkbox"/> 21 to 23 |
| <input type="checkbox"/> 24 or older | <input type="checkbox"/> I currently live with my parent(s) primary caretaker(s) | | |

What led to your leaving home? _____

Among the _____ children in your family, what was your relative position?

- | | | | |
|-------------------------------------|-----------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Only child | <input type="checkbox"/> Youngest | <input type="checkbox"/> Middle | <input type="checkbox"/> Oldest |
|-------------------------------------|-----------------------------------|---------------------------------|---------------------------------|

How would you characterize your childhood relationship with your mother? *(Check all that apply)*

- | | | | |
|---|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Perfect | <input type="checkbox"/> Distant | <input type="checkbox"/> Resentful | <input type="checkbox"/> Full of conflict |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Warm | <input type="checkbox"/> Smothering | <input type="checkbox"/> Relaxed |
| <input type="checkbox"/> Took care of her | <input type="checkbox"/> Friendly | <input type="checkbox"/> Superficial | <input type="checkbox"/> Unpredictable |
| <input type="checkbox"/> Consistent | <input type="checkbox"/> Strained | <input type="checkbox"/> Neglectful | <input type="checkbox"/> Loving |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Doting on me | <input type="checkbox"/> Supportive | <input type="checkbox"/> Fun |
| <input type="checkbox"/> Abusive | <input type="checkbox"/> Other: _____ | | |

How would you characterize your childhood relationship with your father? *(Check all that apply)*

- | | | | |
|---|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Perfect | <input type="checkbox"/> Distant | <input type="checkbox"/> Resentful | <input type="checkbox"/> Full of conflict |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Warm | <input type="checkbox"/> Smothering | <input type="checkbox"/> Relaxed |
| <input type="checkbox"/> Took care of him | <input type="checkbox"/> Friendly | <input type="checkbox"/> Superficial | <input type="checkbox"/> Unpredictable |
| <input type="checkbox"/> Consistent | <input type="checkbox"/> Strained | <input type="checkbox"/> Neglectful | <input type="checkbox"/> Loving |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Doting on me | <input type="checkbox"/> Supportive | <input type="checkbox"/> Fun |
| <input type="checkbox"/> Abusive | <input type="checkbox"/> Other: _____ | | |

In general, how would you characterize your childhood? *(Check all that apply)*

- | | | | |
|------------------------------------|--|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Painful | <input type="checkbox"/> Happy | <input type="checkbox"/> Wonderful | <input type="checkbox"/> Fun |
| <input type="checkbox"/> Traumatic | <input type="checkbox"/> Difficult to remember | <input type="checkbox"/> Chaotic | <input type="checkbox"/> Unhappy |
| <input type="checkbox"/> Stable | <input type="checkbox"/> Frightening | <input type="checkbox"/> Lonely | <input type="checkbox"/> Secure |
| <input type="checkbox"/> Carefree | <input type="checkbox"/> Enjoyable | <input type="checkbox"/> Other: _____ | |

How would you characterize your parents' relationship with each other? *(Check all that apply)*

- | | | | |
|---|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Domineering/Submissive | <input type="checkbox"/> Strange | <input type="checkbox"/> Cold | <input type="checkbox"/> Loving |
| <input type="checkbox"/> Distant | <input type="checkbox"/> Close | <input type="checkbox"/> Happy | <input type="checkbox"/> Violent |
| <input type="checkbox"/> Hostile | <input type="checkbox"/> Reserved | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Full of conflict |
| <input type="checkbox"/> Disagreed, but resolved problems | | <input type="checkbox"/> Supportive | <input type="checkbox"/> Committed |
| <input type="checkbox"/> N/A | <input type="checkbox"/> Other: _____ | | |

II. PERSONAL HISTORY (Continued)

How would you rate your parent's ability to cope with their lives?

FATHER

- ☐ Very good
☐ Good
☐ Fair
☐ Poor
☐ Unknown

MOTHER

- ☐ Very good
☐ Good
☐ Fair
☐ Poor
☐ Unknown

How would you characterize your mother when you were a child? *(Check all that apply)*

- | | | | |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Shy | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Active |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Demanding | <input type="checkbox"/> Awkward | <input type="checkbox"/> Happy |
| <input type="checkbox"/> Unforgiving | <input type="checkbox"/> Friendly | <input type="checkbox"/> Emotional | <input type="checkbox"/> Volatile |
| <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Nervous | <input type="checkbox"/> Understanding | <input type="checkbox"/> Serious |
| <input type="checkbox"/> Stubborn | <input type="checkbox"/> Preoccupied | <input type="checkbox"/> Calm | <input type="checkbox"/> Rigid |
| <input type="checkbox"/> Perfectionistic | <input type="checkbox"/> Hardworking | <input type="checkbox"/> Supportive | <input type="checkbox"/> Easy going |
| <input type="checkbox"/> Involved | <input type="checkbox"/> Content | <input type="checkbox"/> Temperamental | <input type="checkbox"/> Self confident |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Moody | <input type="checkbox"/> Passive | <input type="checkbox"/> Domineering |
| <input type="checkbox"/> Overly critical | <input type="checkbox"/> Pessimistic | <input type="checkbox"/> Optimistic | <input type="checkbox"/> Generous |
| <input type="checkbox"/> Kind | <input type="checkbox"/> Reassuring | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Fun |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Worrier | <input type="checkbox"/> Other: _____ | |

How would you characterize your father when you were a child? *(Check all that apply)*

- | | | | |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Shy | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Active |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Demanding | <input type="checkbox"/> Awkward | <input type="checkbox"/> Happy |
| <input type="checkbox"/> Unforgiving | <input type="checkbox"/> Friendly | <input type="checkbox"/> Emotional | <input type="checkbox"/> Volatile |
| <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Nervous | <input type="checkbox"/> Understanding | <input type="checkbox"/> Serious |
| <input type="checkbox"/> Stubborn | <input type="checkbox"/> Preoccupied | <input type="checkbox"/> Calm | <input type="checkbox"/> Rigid |
| <input type="checkbox"/> Perfectionistic | <input type="checkbox"/> Hardworking | <input type="checkbox"/> Supportive | <input type="checkbox"/> Easy going |
| <input type="checkbox"/> Involved | <input type="checkbox"/> Content | <input type="checkbox"/> Temperamental | <input type="checkbox"/> Self confident |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Moody | <input type="checkbox"/> Passive | <input type="checkbox"/> Domineering |
| <input type="checkbox"/> Overly critical | <input type="checkbox"/> Pessimistic | <input type="checkbox"/> Optimistic | <input type="checkbox"/> Generous |
| <input type="checkbox"/> Kind | <input type="checkbox"/> Reassuring | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Fun |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Worrier | <input type="checkbox"/> Other: _____ | |

How did your parent(s) or primary caretaker(s) discipline you as a child? *(Check all that apply)***MOTHER FATHER**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Spanking |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical punishment other than spanking |
| <input type="checkbox"/> | <input type="checkbox"/> | Lecturing |
| <input type="checkbox"/> | <input type="checkbox"/> | Time outs |
| <input type="checkbox"/> | <input type="checkbox"/> | Tried to reason with me |
| <input type="checkbox"/> | <input type="checkbox"/> | Raised voice or yelled |
| <input type="checkbox"/> | <input type="checkbox"/> | Relied on spouse to discipline |
| <input type="checkbox"/> | <input type="checkbox"/> | Ignored misbehavior |
| <input type="checkbox"/> | <input type="checkbox"/> | Would ground me |
| <input type="checkbox"/> | <input type="checkbox"/> | Discipline was consistent |
| <input type="checkbox"/> | <input type="checkbox"/> | Would try to make me feel shame |
| <input type="checkbox"/> | <input type="checkbox"/> | Used physical restraint, i.e., strap down in bed |
| <input type="checkbox"/> | <input type="checkbox"/> | Treatened punishment but never followed through |
| <input type="checkbox"/> | <input type="checkbox"/> | Made consequences to misbehavior clear |
| <input type="checkbox"/> | <input type="checkbox"/> | Would tell me how angry or hurt I made him/her feel |
| <input type="checkbox"/> | <input type="checkbox"/> | Would take away privileges |
| <input type="checkbox"/> | <input type="checkbox"/> | Would send me to my room |
| <input type="checkbox"/> | <input type="checkbox"/> | Was very strict |
| <input type="checkbox"/> | <input type="checkbox"/> | Was very lenient |
| <input type="checkbox"/> | <input type="checkbox"/> | Was very fair, punishment fit the crime |
| <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

II. PERSONAL HISTORY (Continued)

Which parent was most involved in providing discipline?

- ☐ Father ☐ Mother ☐ Other caretaker ☐ Mother and father were equally involved

What would you say were your parents' primary values? (Check all that apply)

MOTHER **FATHER**

- | | | |
|--------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Family closeness and support |
| <input type="checkbox"/> | <input type="checkbox"/> | Social status |
| <input type="checkbox"/> | <input type="checkbox"/> | Education |
| <input type="checkbox"/> | <input type="checkbox"/> | Respect for authority |
| <input type="checkbox"/> | <input type="checkbox"/> | Independence |
| <input type="checkbox"/> | <input type="checkbox"/> | Making money |
| <input type="checkbox"/> | <input type="checkbox"/> | Being a parent |
| <input type="checkbox"/> | <input type="checkbox"/> | Honesty |
| <input type="checkbox"/> | <input type="checkbox"/> | Religious beliefs |
| <input type="checkbox"/> | <input type="checkbox"/> | Compassion |
| <input type="checkbox"/> | <input type="checkbox"/> | Giving to less fortunate |
| <input type="checkbox"/> | <input type="checkbox"/> | Strong work ethic |
| <input type="checkbox"/> | <input type="checkbox"/> | Being responsible |
| <input type="checkbox"/> | <input type="checkbox"/> | Honesty |
| <input type="checkbox"/> | <input type="checkbox"/> | Freedom of expression |
| <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

Do you feel that you basically accept the same primary values that your parents held?

- ☐ All of them ☐ Most of them ☐ Some of them ☐ None of them ☐ Don't know

If your values are different, please elaborate:

What was each parent's (caretaker's) attitude towards sex and sex education? (Check all that apply)

MOTHER **FATHER**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Positive |
| <input type="checkbox"/> | <input type="checkbox"/> | Never discussed it with me |
| <input type="checkbox"/> | <input type="checkbox"/> | Felt it was sinful |
| <input type="checkbox"/> | <input type="checkbox"/> | Believed sex was only to produce children |
| <input type="checkbox"/> | <input type="checkbox"/> | Provided books rather than talk about it |
| <input type="checkbox"/> | <input type="checkbox"/> | Old fashioned |
| <input type="checkbox"/> | <input type="checkbox"/> | Open about sexuality and comfortable discussing |
| <input type="checkbox"/> | <input type="checkbox"/> | Uncomfortable and awkward about discussing |
| <input type="checkbox"/> | <input type="checkbox"/> | Did not believe in sex before marriage |
| <input type="checkbox"/> | <input type="checkbox"/> | Very liberal sexual attitude |
| <input type="checkbox"/> | <input type="checkbox"/> | Was opposed to sex education in school |
| <input type="checkbox"/> | <input type="checkbox"/> | Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

II. PERSONAL HISTORY (Continued)

Which of the following best characterize you as a child? *(Check all that apply)*

- | | | | |
|--|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Shy | <input type="checkbox"/> Active | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Awkward | <input type="checkbox"/> Happy | <input type="checkbox"/> Friendly | <input type="checkbox"/> Insecure |
| <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Nervous | <input type="checkbox"/> Rebellious | <input type="checkbox"/> Serious |
| <input type="checkbox"/> Stubborn | <input type="checkbox"/> Unhappy | <input type="checkbox"/> Calm | <input type="checkbox"/> Popular |
| <input type="checkbox"/> Temperamental | <input type="checkbox"/> Self-confident | <input type="checkbox"/> Other: _____ | |

Which of the following best describe your school experience? *(Check all that apply)*

- | | | | |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Excellent student | <input type="checkbox"/> Involved in sports | <input type="checkbox"/> Average student | <input type="checkbox"/> Popular |
| <input type="checkbox"/> Poor student | <input type="checkbox"/> A struggle | <input type="checkbox"/> Enjoyable | <input type="checkbox"/> Class clown |
| <input type="checkbox"/> Always in trouble | <input type="checkbox"/> Never applied myself | <input type="checkbox"/> Went to many schools | <input type="checkbox"/> Disliked |
| <input type="checkbox"/> Other: _____ | | | |

As a child, who would you confide in? *(Check all that apply)*

- | | | | |
|---------------------------------------|---------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Siblings | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Aunt/Uncle | <input type="checkbox"/> Peers | <input type="checkbox"/> Teacher | <input type="checkbox"/> Clergy |
| <input type="checkbox"/> Other: _____ | | | |

III. SUPPORT SYSTEM

What is the nature of your current relationship with your parents? *(Check all that apply)*

MOTHER FATHER

- | | | |
|--------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Parent deceased |
| <input type="checkbox"/> | <input type="checkbox"/> | No contact with |
| <input type="checkbox"/> | <input type="checkbox"/> | Distant |
| <input type="checkbox"/> | <input type="checkbox"/> | Close |
| <input type="checkbox"/> | <input type="checkbox"/> | Supportive |
| <input type="checkbox"/> | <input type="checkbox"/> | Dependent |
| <input type="checkbox"/> | <input type="checkbox"/> | Caretaker |
| <input type="checkbox"/> | <input type="checkbox"/> | Loving |
| <input type="checkbox"/> | <input type="checkbox"/> | Strained |
| <input type="checkbox"/> | <input type="checkbox"/> | Overinvolved |
| <input type="checkbox"/> | <input type="checkbox"/> | Not involved enough |
| <input type="checkbox"/> | <input type="checkbox"/> | Controlling |
| <input type="checkbox"/> | <input type="checkbox"/> | Problematic |
| <input type="checkbox"/> | <input type="checkbox"/> | Enjoyable |
| <input type="checkbox"/> | <input type="checkbox"/> | Improving |
| <input type="checkbox"/> | <input type="checkbox"/> | Gratifying |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

III. SUPPORT SYSTEM (Continued)

What is the nature of your spouse's relationship with your parents at the present time? *(Check all that apply)*

MOTHER **FATHER**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Parent deceased |
| <input type="checkbox"/> | <input type="checkbox"/> | No contact with |
| <input type="checkbox"/> | <input type="checkbox"/> | Distant |
| <input type="checkbox"/> | <input type="checkbox"/> | Close |
| <input type="checkbox"/> | <input type="checkbox"/> | Supportive |
| <input type="checkbox"/> | <input type="checkbox"/> | Dependent |
| <input type="checkbox"/> | <input type="checkbox"/> | Caretaker |
| <input type="checkbox"/> | <input type="checkbox"/> | Loving |
| <input type="checkbox"/> | <input type="checkbox"/> | Strained |
| <input type="checkbox"/> | <input type="checkbox"/> | Overinvolved |
| <input type="checkbox"/> | <input type="checkbox"/> | Not involved enough |
| <input type="checkbox"/> | <input type="checkbox"/> | Controlling |
| <input type="checkbox"/> | <input type="checkbox"/> | Problematic |
| <input type="checkbox"/> | <input type="checkbox"/> | Enjoyable |
| <input type="checkbox"/> | <input type="checkbox"/> | Gratifying |
| <input type="checkbox"/> | <input type="checkbox"/> | Improving |
| <input type="checkbox"/> | <input type="checkbox"/> | Never fully accepted my spouse |
| <input type="checkbox"/> | <input type="checkbox"/> | Considers my spouse to be like a son/daughter |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

Do you believe that your parent(s) is/are as accepting of an adopted grandchild as a grandchild related by blood?

- ☐ N/A ☐ More accepting ☐ Just as accepting ☐ Not as accepting ☐ Not at all accepting

What is the nature of your relationship(s) with your sibling(s)?

- ☐ N/A ☐ Close relationship(s) ☐ Somewhat close relationship(s) ☐ Somewhat distant relationship(s)
☐ Distant relationship(s)

Do you believe that your extended family will accept your adopted child as a full family member?

- ☐ Yes ☐ Yes, except for one or two ☐ Half will and half will not ☐ No, except for one or two ☐ No

Do you have family members who are helpful to you?

- ☐ Yes ☐ No

If Yes, who and where are they and what kind of help do they provide: _____

Which of the following best describes your level of community involvement? *(Check all that apply)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Many close friends | <input type="checkbox"/> Several close friends | <input type="checkbox"/> Few or no close friends |
| <input type="checkbox"/> Regularly attend church | <input type="checkbox"/> Occasionally attend church | <input type="checkbox"/> Never attend church |
| <input type="checkbox"/> Many social contacts | <input type="checkbox"/> Several social contacts | <input type="checkbox"/> Few or no social contacts |
| <input type="checkbox"/> Active in community | <input type="checkbox"/> Some community involvement | <input type="checkbox"/> No community involvement |

IV. MARITAL RELATIONSHIP

At what age did you first date?

- | | | | | |
|------------------------------------|---|----------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Before 10 | <input type="checkbox"/> 10 - 12 | <input type="checkbox"/> 13 - 15 | <input type="checkbox"/> 16 - 17 | <input type="checkbox"/> 18-19 |
| <input type="checkbox"/> 20 - 21 | <input type="checkbox"/> Did not date till after age 21 | | <input type="checkbox"/> Never dated | |

How would you characterize your early experience of dating? (Check all that apply)

- | | | | | |
|------------------------------------|---------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Pleasant | <input type="checkbox"/> Unremarkable | <input type="checkbox"/> Frightening | <input type="checkbox"/> Exciting | <input type="checkbox"/> Traumatic |
| <input type="checkbox"/> Unusual | <input type="checkbox"/> Dull | <input type="checkbox"/> Limited | <input type="checkbox"/> Extensive | <input type="checkbox"/> Too much too soon |
| <input type="checkbox"/> Pressured | <input type="checkbox"/> Fun | <input type="checkbox"/> N/A | <input type="checkbox"/> Other: _____ | |

How would you characterize your early sexual experiences? (Check all that apply)

- | | | | | |
|-----------------------------------|---------------------------------------|---------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Pleasant | <input type="checkbox"/> Unremarkable | <input type="checkbox"/> Frightening | <input type="checkbox"/> Exciting | <input type="checkbox"/> Traumatic |
| <input type="checkbox"/> Unusual | <input type="checkbox"/> Confusing | <input type="checkbox"/> Regretful | <input type="checkbox"/> Awkward | <input type="checkbox"/> Romantic |
| <input type="checkbox"/> Shameful | <input type="checkbox"/> Pressured | <input type="checkbox"/> Other: _____ | | |

How long did you know your spouse before you were married?

- | | | | | |
|--------------------------------------|---|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 6 months - 1 year | <input type="checkbox"/> 1 - 2 years | <input type="checkbox"/> 2 - 4 years |
| <input type="checkbox"/> 4 - 6 years | <input type="checkbox"/> 6 years or more | | | |

If you were married previously, how did your marriage(s) end?

- | | | | |
|------------------------------|--|-----------------------------------|----------------------------------|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Death of spouse | <input type="checkbox"/> Annulled | <input type="checkbox"/> Divorce |
|------------------------------|--|-----------------------------------|----------------------------------|

If previously married, how would you characterize your current relationship with your ex-spouse(s)? (Check all that apply)

- | | | | | |
|-------------------------------------|--|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Loving | <input type="checkbox"/> Distant | <input type="checkbox"/> Close | <input type="checkbox"/> Cold |
| <input type="checkbox"/> Violent | <input type="checkbox"/> Hostile | <input type="checkbox"/> Reserved | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Full of conflict |
| <input type="checkbox"/> Supportive | <input type="checkbox"/> Still friends | <input type="checkbox"/> Other: _____ | | |

If divorced, how would you describe the process of going through a divorce? (Check all that apply)

- | | | | | |
|--------------------------------------|---------------------------------------|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Amicable | <input type="checkbox"/> Bitter | <input type="checkbox"/> Painful | <input type="checkbox"/> A relief | <input type="checkbox"/> Frustrating |
| <input type="checkbox"/> Devastating | <input type="checkbox"/> Successful | <input type="checkbox"/> Satisfying | <input type="checkbox"/> Frightening | <input type="checkbox"/> Long and drawn out |
| <input type="checkbox"/> Depressing | <input type="checkbox"/> Easy | <input type="checkbox"/> Expensive | <input type="checkbox"/> Unfair | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Neutral | <input type="checkbox"/> Other: _____ | | | |

Have you ever been in a custody dispute?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Which of the following characteristics best fit your spouse? (Check all that apply)

- | | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Good sense of humor | <input type="checkbox"/> Playful | <input type="checkbox"/> Unhappy | <input type="checkbox"/> Indifferent |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Distant | <input type="checkbox"/> Argumentative | <input type="checkbox"/> Social | <input type="checkbox"/> Uncaring |
| <input type="checkbox"/> Boring | <input type="checkbox"/> Honest | <input type="checkbox"/> Happy | <input type="checkbox"/> Stimulating | <input type="checkbox"/> Athletic |
| <input type="checkbox"/> Unpleasant | <input type="checkbox"/> Unforgiving | <input type="checkbox"/> Careful | <input type="checkbox"/> Abusive | <input type="checkbox"/> Affectionate |
| <input type="checkbox"/> Workaholic | <input type="checkbox"/> Faultfinding | <input type="checkbox"/> Understanding | <input type="checkbox"/> Romantic | <input type="checkbox"/> Quick tempered |
| <input type="checkbox"/> Stubborn | <input type="checkbox"/> Dependable | <input type="checkbox"/> Friendly | <input type="checkbox"/> Worrier | <input type="checkbox"/> Depressed |
| <input type="checkbox"/> Introvert | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Rigid | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Domineering | <input type="checkbox"/> Self centered | <input type="checkbox"/> Dogmatic | <input type="checkbox"/> Supportive | <input type="checkbox"/> Communicative |
| <input type="checkbox"/> Kind | <input type="checkbox"/> Gentle | <input type="checkbox"/> Predictable | <input type="checkbox"/> Clear thinking | <input type="checkbox"/> Energetic |
| <input type="checkbox"/> Good listener | <input type="checkbox"/> Considerate | <input type="checkbox"/> Moody | <input type="checkbox"/> Other: _____ | |

Briefly describe the strengths and weaknesses of your spouse: _____

IV. MARITAL RELATIONSHIP (Continued)

How would you describe your role(s) in your marriage? *(Check all that apply)*

- | | | | | |
|---|--|---------------------------------------|---|--|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Wage earner | <input type="checkbox"/> Caregiver | <input type="checkbox"/> Decision maker | <input type="checkbox"/> Follower |
| <input type="checkbox"/> Housewife/Househusband | <input type="checkbox"/> Comforter | <input type="checkbox"/> Leader | <input type="checkbox"/> The rational one | <input type="checkbox"/> The emotional one |
| <input type="checkbox"/> Risk taker | <input type="checkbox"/> Organizer | <input type="checkbox"/> Compromiser | <input type="checkbox"/> Initiator | |
| <input type="checkbox"/> Head of household | <input type="checkbox"/> Money manager | <input type="checkbox"/> Other: _____ | | |

How would you describe your spouse's role(s) in your marriage? *(Check all that apply)*

- | | | | | |
|---|--|---------------------------------------|---|--|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Wage earner | <input type="checkbox"/> Caregiver | <input type="checkbox"/> Decision maker | <input type="checkbox"/> Follower |
| <input type="checkbox"/> Housewife/Househusband | <input type="checkbox"/> Comforter | <input type="checkbox"/> Leader | <input type="checkbox"/> The rational one | <input type="checkbox"/> The emotional one |
| <input type="checkbox"/> Risk taker | <input type="checkbox"/> Organizer | <input type="checkbox"/> Compromiser | <input type="checkbox"/> Initiator | |
| <input type="checkbox"/> Head of household | <input type="checkbox"/> Money manager | <input type="checkbox"/> Other: _____ | | |

What would you like to change about your relationship: _____

What are the major areas of disagreement between you and your spouse? *(Check all that apply)*

- | | | | |
|--|-----------------------------------|--|---|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Values | <input type="checkbox"/> Handling of family finances | <input type="checkbox"/> Personal habits |
| <input type="checkbox"/> Amount of time spent together | <input type="checkbox"/> Work | <input type="checkbox"/> Discipline of children | <input type="checkbox"/> Politics |
| <input type="checkbox"/> Sexual relations | <input type="checkbox"/> Friends | <input type="checkbox"/> Personal expectations | <input type="checkbox"/> Household chores |
| <input type="checkbox"/> Leisure time | <input type="checkbox"/> Religion | <input type="checkbox"/> Problem solving methods | <input type="checkbox"/> In-laws |
| <input type="checkbox"/> Other: _____ | | | |

How do you typically react when you and your spouse have a disagreement? *(Check all that apply)*

- | | | |
|--|--|--|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Reach agreement through mutual give and take | <input type="checkbox"/> Leave the house to cool off |
| <input type="checkbox"/> We sometimes have heated arguments | <input type="checkbox"/> Take time to think things over before discussing | |
| <input type="checkbox"/> I sometimes yell and shout | <input type="checkbox"/> Seek outside help such as a counselor or minister | |
| <input type="checkbox"/> Give in and attempt to smooth things over | <input type="checkbox"/> Sometime pound or break things | |
| <input type="checkbox"/> Become silent | <input type="checkbox"/> Other: _____ | |

How often do you and your spouse get into arguments?

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Rarely or never argue | <input type="checkbox"/> Once or twice a year | <input type="checkbox"/> Once or twice a month |
| <input type="checkbox"/> Once or twice a week | <input type="checkbox"/> Almost daily | <input type="checkbox"/> Several times a day | |

Do you feel that you and your spouse are sexually compatible?

- | | | | |
|--|--|-------------------------------------|--|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Very compatible | <input type="checkbox"/> Compatible | <input type="checkbox"/> Somewhat compatible |
| <input type="checkbox"/> Not very compatible | <input type="checkbox"/> Not at all compatible | | |

Have you and your spouse ever gone through a crisis period that threatened your relationship?

- | | | |
|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|------------------------------|-----------------------------|

If Yes, please describe: _____

IV. MARITAL RELATIONSHIP (Continued)

Have you and your spouse ever separated?

☐ N/A ☐ Yes ☐ No

If Yes, please describe the situation: _____

V. ADOPTION ISSUES AND PARENTING PRACTICES

What are your reasons for adopting? *(Check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> I am infertile/sterile | <input type="checkbox"/> I am single and wish to parent a child |
| <input type="checkbox"/> My spouse is infertile/sterile | <input type="checkbox"/> Repeated miscarriages or stillbirths |
| <input type="checkbox"/> Medical interventions regarding infertility/sterility failed | <input type="checkbox"/> Failure to conceive but the cause of infertility unclear |
| <input type="checkbox"/> Do not wish to contribute to the population growth | <input type="checkbox"/> Infertility/sterility is not a problem but chose adoption |
| <input type="checkbox"/> Child is related and adoption keeps him/her in the family | <input type="checkbox"/> Biological child would be predisposed to a serious genetically transmitted condition |
| <input type="checkbox"/> Other: _____ | |

Is this your first experience in parenting a child?

☐ Yes ☐ No

Is this the first time you have adopted or applied to adopt a child?

☐ Yes ☐ No ☐ N/A

Has anyone else in your family either adopted, been adopted or placed a child for adoption?

☐ Yes ☐ No

Have you made out a will which specifies who would assume parental responsibility for your child should you and your spouse not live until your child reaches majority?

☐ Yes ☐ No

How comfortable are you about telling your child he/she is adopted?

☐ Very comfortable ☐ Comfortable ☐ Somewhat comfortable ☐ Uncomfortable ☐ Very uncomfortable

How do/will you discipline a child in your care? *(Check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Spanking | <input type="checkbox"/> Physical punishment other than spanking |
| <input type="checkbox"/> Lecturing | <input type="checkbox"/> Time out |
| <input type="checkbox"/> Rational discussion | <input type="checkbox"/> Raise my voice |
| <input type="checkbox"/> Discuss with the child reasonable and appropriate consequences | <input type="checkbox"/> Ask spouse to handle the discipline |
| <input type="checkbox"/> Ignore the child's misbehavior | <input type="checkbox"/> Grounding |
| <input type="checkbox"/> Discipline according to how I feel at the time | <input type="checkbox"/> Tell child that he/she should be ashamed |
| <input type="checkbox"/> Physical restraint, i.e. strap down in crib or infant seat | <input type="checkbox"/> Threaten punishment in the future |
| <input type="checkbox"/> Make rules and consequences clear in advance and follow through on agreed-upon consequences | <input type="checkbox"/> Tell child how angry he/she makes me |
| <input type="checkbox"/> Restriction of privileges | <input type="checkbox"/> Send child to his/her room |
| <input type="checkbox"/> Other: _____ | |

V. ADOPTION ISSUES AND PARENTING PRACTICES (Continued)

How and when do you plan to tell your child about their adoption? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Only when asked | <input type="checkbox"/> When they are old enough to understand |
| <input type="checkbox"/> Telling is not a single event, but a lifelong process | <input type="checkbox"/> Collect as much information about my child's past to help answer future questions |
| <input type="checkbox"/> Use the word "adoption" in a positive way around child | <input type="checkbox"/> Adoption is something that has to be explained in different ways at various stages |
| <input type="checkbox"/> Keep negative information about birthparents from child | <input type="checkbox"/> Tell child you adopted him/her because he/she was so special |
| <input type="checkbox"/> Get books on adoption for child to read | <input type="checkbox"/> I do not plan to tell my child that he/she is adopted |
| <input type="checkbox"/> I plan to wait until my child reaches adulthood | <input type="checkbox"/> Child already knows |
| <input type="checkbox"/> Other: _____ | |

What amount of contact do you plan to have with your child's birthparent(s)?

- | | |
|--|--|
| <input type="checkbox"/> I plan to have frequent personal contact | <input type="checkbox"/> I plan to have periodic contact |
| <input type="checkbox"/> I plan contact, but only through written correspondence | <input type="checkbox"/> None, but would be open to it if requested by the birthparent |
| <input type="checkbox"/> None, not even if requested by the birthparent | <input type="checkbox"/> Only after my child reaches majority |

VI. HEALTH

Have you ever had surgery?

- ☐ Yes ☐ No

Do you have a physical handicap?

- ☐ Yes ☐ No

If you have had surgery or have a physical handicap, please describe: _____

Have you ever been hospitalized?

- ☐ Yes ☐ No

If you have been hospitalized, please indicate when, where, and why: _____

Are you currently taking medication?

- ☐ Yes ☐ No

If you are taking medication, please indicate the drug, dosage, how often used and for what condition: _____

Have you had counseling or psychiatric care?

- ☐ Yes ☐ No

If you have had counseling or psychiatric care, please specify the dates and reason for care: _____

VI. HEALTH (Continued)

Have you or anyone in your family had any of the following conditions? (Indicate which family member by using the following code: 1 = self, 2 = Parent(s), 3 = Sibling(s), and 4 = Children. Place the appropriate number in front of the condition).

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Tension | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Ulcers | <input type="checkbox"/> Colitis | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Narcotics Addiction | <input type="checkbox"/> Cancer | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Asthma | <input type="checkbox"/> Thyroid condition |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Mental illness | <input type="checkbox"/> Sickle cell anemia | <input type="checkbox"/> Mental retardation |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Other medical condition not listed | |

Please use this space for any additional comments you would like to make.

[illegible]

I AFFIRM THAT THE INFORMATION GIVEN IN THIS QUESTIONNAIRE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____

DATE
